

1. **Student Name:** \_\_\_\_\_  
(print)
2. **Specialty:** \_\_\_\_\_
3. **Current Academic Advisor:** \_\_\_\_\_  
*Signature*
4. **New Academic Advisor:** \_\_\_\_\_  
*Signature*

**Instructions**

- Purpose: To request a change in academic advisor at the Master's or PMCO level.
1. Student works with current academic advisor to identify a faculty member who would be a better match for the student.
  2. Student and current academic advisor ask the identified faculty member to serve as the student's academic advisor.
  3. Student completes Items 1-2.
  4. Current advisor signs at Line 3 and forwards student's file to new advisor.
  5. New advisor signs at Line 4.
  6. Student submits form to Office of Academic Affairs, Graduate Studies.
  7. A copy of the form will be sent to the student, faculty involved and specialty office manager.

***Submit completed form to Graduate Studies. Please fax form to 503-494-4350 or mail to OHSU School of Nursing, SN-ADM, 3455 SE W US Veterans Hospital Road, Portland, OR 97201-2941 c/o R. Menkens.***